

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S) 09/807254			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/								
2		/							
3		/							
4		/							
5		/							
6		/							
7		/							
8		/							
9		/							
10		/							
11		/							
12		/							
13		/							
14		/							
15		/							
16		/							
17		/							
18		/							
19		/							
20		/							
21		/							
22		/							
23		/							
24	/								
25		/							
26		/							
27		/							
28		/							
29		/							
30		/							
31		/							
32		/							
33		/							
34		/							
35		/							
36		/							
37		/							
38		/							
39		/							
40		/							
41	/								
42		/							
43		/							
44		/							
45		/							
46		/							
47		/							
48		/							
49	/								
50	/								
51	/								
52		/							
53		/							
54		/							
55		/							
56		/							
57		/							
58		/							
59		/							
60		/							
61		/							
62	/								
63		/							
64		/							
65		/							
66		/							
67		/							
68		/							
69		/							
70	/								
71		/							
72		/							
73		/							
74		/							
75		/							
76		/							
77		/							
78		/							
79		/							
80		/							
81		/							
82		/							
83		/							
84		/							
85		/							
86		/							
87	/								
88		/							
89		/							
90		/							
91		/							
92		/							
93		/							
94		/							
95		/							
96		/							
97		/							
98		/							
99		/							
100		/							
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

BEST AVAILABLE COPY